MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013859
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3378

FILED MAR 28 1963

DO NOT WRITE ON THIS STUB — AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS
Length of stay in 1b: 15 HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: MISSOURI-BAPTIST-HOSP. Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST. LOUIS
c. CITY OR TOWN: DELLWOOD = ST. LOUIS COUNTY (36) Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1749 - DOWD - DRIVE Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First ANNA Middle MARIE Last SPECKER
4. DATE OF DEATH: Month MARCH Day 21ST Year 1963
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 4-11-1886
9. AGE (last birthday): 76 YRS. IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE-WIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): VIENNA - MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: FRANK - KUENSTING
13b. MOTHER'S MAIDEN NAME: (UNKNOWN) LUEKE
14. NAME OF HUSBAND OR WIFE: JOSEPH-C-SPECKER (DECD)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of serv): NONE
16. SOCIAL SECURITY NO.
17. INFORMANT: IRENE-SPECKER = 1749-DOWD-DR. Address ST. LOUIS (36) MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Obstruction of small intestine — INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO (b): Dehydration & Peripheral circulatory collapse — 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c): ASHD & fibrillation and failure comp

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CARCINOMA RIGHT BREAST. METASTASES

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 4200 H
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 15, 1957 to March 21 '63 and last saw her alive on 3/21/63
Death occurred at 7:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Loren M. Fuegen MD
22b. ADDRESS: St Louis 8 Mo
22c. DATE SIGNED: 3/22/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAR. 25-1963
23c. NAME OF CEMETERY OR CREMATORY: CALVARY-CEMETERY
23d. LOCATION (City, town, or county): ST. LOUIS (State): MO.

24. FUNERAL DIRECTOR ADDRESS: Brockland Und. Co. 1827-HOGAN-ST
25. DATE RECD. BY LOCAL REG.: MAR 23 1963
REGISTRAR'S SIGNATURE: Carl Smith, M.D.

Dr. W. Lonergan = 459 Nat. Hy. Bldg. FRIDAY - 2:30 TO 5:40 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.